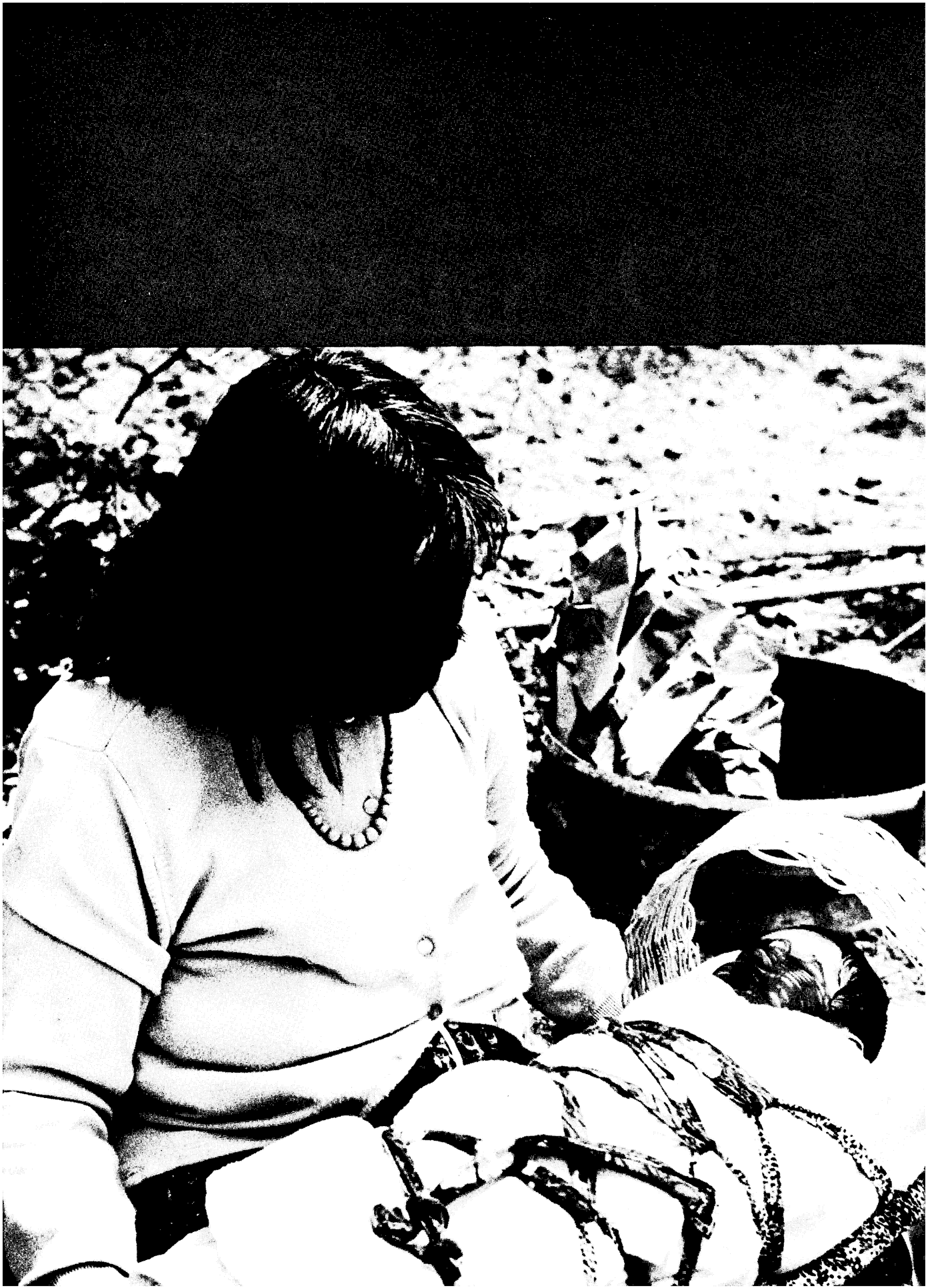

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SYNOPSES

MORRIS, LEO (Public Health Service): *Further analysis of national participation in the poliomyelitis vaccination program, 1955–61. Public Health Reports, Vol. 79, June 1964, pp. 469–480.*

Since 1957 the Public Health Service has sponsored annual surveys to determine nationwide participation in the inactivated poliomyelitis vaccination program which began in April 1955. These vaccination surveys were conducted in 5 successive years by the Bureau of the Census as supplements to the monthly Current Population Surveys.

The proportion of the population adequately immunized has progressively increased since the licensure of Salk vaccine in April 1955. By September 1961, 77 percent of the population under 40 years of age had received at least one inoculation, about 67 percent had received three or more inoculations, and 40 percent had received the fourth or booster inoculation. Approximately 60 percent of school-age children had four or more doses of inactivated poliomyelitis vaccine by September 1961, but less than half of the preschool children and young adults and less than one-quarter of the men had reached this level.

The response of preschool children, adult males, and lower socioeconomic groups has been well below the participation of school-age children, adult females, and higher socioeconomic groups respectively. Since the advent of the inactivated poliomyelitis vaccine in 1955, poliomyelitis has attacked these poorly immunized groups with greater frequency.

Estimates of the effectiveness of three or more doses of inactivated poliomyelitis vaccine, as studied in four recent epidemics, have ranged from 77 to 82 percent. The sharp drop in poliomyelitis incidence since 1955 can largely be attributed to the use of the inactivated vaccine. That the decrease in paralytic poliomyelitis has not been greater may be attributed to the population groups who have remained poorly immunized.

BROWN, WILLIAM J. (Communicable Disease Center), DONOHUE, JAMES F., and PRICE, ELEANOR V.: *Evaluation of RPR card test for syphilis screening in field investigations. Public Health Reports, Vol. 79, June 1964, pp. 496–500.*

After a 2-day training course at the Venereal Disease Research Laboratory, 28 nontechnical venereal disease investigators performed the rapid plasma reagin card test on more than 3,900 persons. The VDRL slide test was also performed on approximately 2,800 of these persons by local laboratory personnel. Agreement between the two tests was 93 percent; where discrepancies occurred, positivity was usually in the low range.

It was the consensus of the investigators that the RPR card test is impractical for confidential investigations conducted outside the clinic. The tests is a valuable tool, however, for improving clinic efficiency, since test results are immediately available.

HENDERSON, MAUREEN (University of Maryland School of Medicine), GOLDSTEIN, HYMAN, ROGOT, EUGENE, GOLDBERG, IRVING D., and ENTWISLE, GEORGE: *Perinatal factors associated with epilepsy in Negro children. Public Health Reports, Vol. 79, June 1964, pp. 501–509.*

A total of 299 Negro epileptic children born since 1950 in Maryland or Washington, D.C., were studied retrospectively. Each index case was matched, from birth certificates, with a control case for race, sex, plurality, birth weight, hospital of delivery, age of mother, and date of delivery. Children with diagnoses of mental retardation or cerebral palsy were eliminated from the case group.

Review of the hospital prenatal and delivery records showed that the pregnancies of the 283 mothers of children in the case group were similar to that of mothers of the control group in the frequency of hemorrhagic, toxemic, and other medical complications. Although not statistically significant, the mothers of epileptic children had more mechanical complications of delivery. A somewhat greater proportion of mothers of the case children than mothers of controls had at least one previous pregnancy loss (abortion or stillbirth), and a greater proportion of the epileptic children were delivered by cesarean section.

In addition, comparison with a second matched group showed that children with epilepsy were not characterized by low birth weight.

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PUBLIC HEALTH REPORTS

Address correspondence to Editor, Public Health Reports, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C., 20201.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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PUBLIC HEALTH SERVICE
LUTHER L. TERRY, *Surgeon General*

PHR

SYNOPSES

MYERBURG, ROBERT J. (Public Health Service), JABLON, JAMES M., MAZZARELLA, JOHN A., and SASLAW, MILTON S.: ***Evaluation of FA and conventional techniques for identifying group A beta hemolytic streptococci. Public Health Reports, Vol. 79, June 1964, pp. 510–514.***

Ten bacteriological and immunofluorescent procedures for the identification of group A beta hemolytic streptococci were evaluated to determine the most rapid and accurate technique for mass epidemiological studies. Five fluorescent antibody technique modifications, a pour plate technique, three streak plate modifications, and the conventional microprecipitin grouping technique were tested.

Group A beta hemolytic streptococci were recovered from 177 of a total of 1,115 throat cultures obtained from children with respiratory illnesses. Best results were obtained when a colony was picked from a pour plate after 18 hours' incubation at 37° C. and then identified by fluorescent antibody microscopy. No group A strains were missed; 3 of 956 cultures were falsely identified. Other fluorescent antibody methods met with varying degrees of success, but none approached the accuracy of the above method.

The three streak plate techniques were unsuccessful. The pour plate technique was excellent for indication of beta hemolysis; only one group A strain was missed, but many non-group A organisms also produced beta hemolysis and were thus indistinguishable.

The conventional microprecipitin grouping technique was used as the control method for this study.

McDONALD, GLEN W. (Public Health Service), FISHER, GAIL F., and BURNHAM, CLINTON E.: ***Differences in glucose determinations obtained from plasma or whole blood. Public Health Reports, Vol. 79, June 1964, pp. 515–521.***

Glucose determinations obtained on the AutoAnalyzer from plasma are consistently higher than those obtained from whole blood. The difference is not absolute but tends to increase as the level of the glucose increases. Since there is a close relationship between plasma and whole blood glucose values obtained from the same samples, it is possible to set critical levels which correspond. Such levels are presented for values used frequently in diabetes screening programs or in the interpretation of the standard 100 gm. oral glucose tolerance test. The relationship of glucose values obtained from whole blood and plasma is sufficiently precise that interpretation of data based on whole blood or based on plasma is equally valid as long as adjustments for differences in levels are made. Data are presented which permit the estimation of equivalent values for levels other than those presented.

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